



## Athletic Division

Two Centennial Plaza, 805 Central Avenue, Suite 800  
Cincinnati, Ohio 45202-1947  
Phone: (513) 352-4020 / Fax (513) 352-1605

TEAM NAME: \_\_\_\_\_

SPORT: **2009 LACROSSE**

UNIFORM COLOR: \_\_\_\_\_

Manager_____	Alternate Manager_____
Address_____	Address_____
City, State, ZIP_____	City, State, ZIP_____
Phone (H)_____ (W)_____	Phone (H)_____ (W)_____
E-mail address_____	E-mail address_____

### FOR OFFICE USE ONLY

Method of Payment: Check/M.O.#\_\_\_\_\_Cash Mastercard/VISA#\_\_\_\_\_

If Company check, name of company\_\_\_\_\_ Address\_\_\_\_\_

League Fee: \$_____							
DEPOSIT TO:	323	X	197	X	2780	X	X
	(FUND)		(AGENCY)	(ORGINIZATION)	(EXPENSE)		(RPTG CAT)

**(\*\*NOTE: Any refunds will be payable to the maker of the check)**